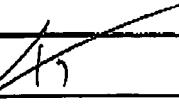


PTO/SB/01 (09-04)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> The address associated with Customer Number: _____	OR	<input checked="" type="checkbox"/> Correspondence address below
<p>Name Edward LANGER c/o Shibleth, Yisraeli, Roberts, Zisman & Co.</p> <p>Address 350 Fifth Avenue, 80th Floor</p> <p>City New York</p> <p>State NY</p> <p>ZIP 10118</p> <p>Country U.S.A.</p> <p>Telephone (212) 244-4111</p> <p>Fax (212) 563-7108</p>				
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Shai			Family Name or Surname AMISAR	
Inventor's Signature 			Date 9/3/06	
Residence: City Tel-Aviv	State Israel	Country Israel	Citizenship Israel	
<p>Mailing Address 18b-241 Hahalat Izhak St.</p> <p>City Tel-Aviv</p> <p>State Israel</p> <p>Zip 67448</p> <p>Country Israel</p>				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Ronen			Family Name or Surname RADOMSKI	
Inventor's Signature 			Date 9/3/06	
Residence: City Haifa	State Israel	Country Israel	Citizenship Israel	
<p>Mailing Address 9 Oren St.</p> <p>City Haifa</p> <p>State Israel</p> <p>Zip 34731</p> <p>Country Israel</p>				
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

[Page 2 of 2]

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	2116
First Named Inventor	AMISAR Shai
COMPLETE IF KNOWN	
Application Number	Not known
Filing Date	September , 2005
Art Unit	Not known
Examiner Name	Not known

I hereby declare that:

Each Inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIQUID FLOW MONITORING APPARATUS

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 03/03/2005 as United States Application Number or PCT InternationalApplication Number PCT/IL2005/000250 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not known
Filing Date	September , 2006
First Named Inventor	AMISAR Shai
Title	LIQUID FLOW MONITORING APPARATUS
Art Unit	Not known
Examiner Name	Not known
Attorney Docket Number	2116

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
EDWARD LANGER	30,564

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Firm or Individual Name: EDWARD LANGER c/o SHIBOLETH, YISRAELI, ROBERTS, ZISMAN & CO.

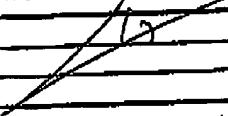
Address	350 Fifth Ave. 60th Floor	State	NY	Zip	10118
City	New York				
Country	U.S.A.				
Telephone	212-244-4111	Fax	212-563-7108		

I am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	9/3/06
Name	Ronen RADOMSKI	Telephone	+872-4-
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 2 forms are submitted.

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not known
Filing Date	September , 2008
First Named Inventor	AMISAR Shai
Title	LIQUID FLOW MONITORING APPARATUS
Art Unit	Not known
Examiner Name	Not known
Attorney Docket Number	2116

I hereby appoint:

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Practitioner(s) named below:

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EDWARD LANGER	30,564

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The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	EDWARD LANGER c/o SHIBOLETH, YISRAELI, ROBERTS, ZISMAN & CO.		
---	--	--	--

Address	350 Fifth Ave. 60th Floor		
City	New York	State	NY
Country	U.S.A.		
Telephone	212-244-4111	Fax	212-563-7108

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Shai AMISAR</i>	Date	8/3/06
Name	Shai AMISAR	Telephone	-972-3-
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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